

Attendance:

**Tim Otis, Mental Health Center of Dane County,
(MHCDC)**

**Owen McCuster, Community Living Alliance
(CLA)**

David Sievert, CLA/TMG

Bonnie Morley, CLA

Kathy Kaelin, Automated Health Systems

Valerie Brown, Access to Independence

Ginny Graves, TMG

**Dianne Greenley, Wisconsin Coalition for
Advocacy (WCA)**

Jennie Lowenberg, Wisconsin NAMI

William Greer, MHCDC

Dr. Michelle Urban, DHCF, BMHCP

David Beckfield, DHCF, BMHCP

Michael Fox, DHCF, BMHCP

Mary Laughlin, DHCF, BMHCP

Peg Algar, DHCF, BMHCP

A copy of the 8/25/05 meeting minutes were sent to committee members after the 9/30/05 meeting. The minutes will be posted on the web page, along with other documents from the committee. The web page address is:
<http://dhfs.wisconsin.gov/medicaid7/index.htm#medicaid>

- Based on feedback from CMS on the Dane SSI Managed Care waiver proposal, a mandatory (all in/opt-out) enrollment model for a sole source contract is not acceptable. The Department will withdraw the waiver application.
- Three options for were proposed by CMS:
 - Make the program voluntary, in which individuals have a choice to enroll or not; i.e., a choice of Fee-For-Service (FFS) or Managed Care (MC). Those who do not choose would be auto-assigned to MC with a 90 day opportunity to return to FFS.

- Apply for a Section 1115 waiver authority, which provides greater flexibility and waivers might be granted to allow Wisconsin to operate the program with an all-in/opt-out enrollment model; or
- Designate Community Living Alliance as a PIHP or a PAHP and operate the program with an all in/opt-out enrollment model.

B. A Voluntary Enrollment Model Has Been Chosen for the Dane Program

- A voluntary enrollment model with lock-in will be recommended to the Executive Steering Committee.
- Enrollees will be given approximately 6 weeks to choose between FFS and MC. If they make no choice, they will be auto-assigned to MC.
- After enrollment into MC, enrollees will have an additional 90 days to opt-out of the program.
- If enrollees do not choose to go back to FFS at any point during the 90 days following enrollment, they will be locked into MC up to 12 months.

C. Target Implementation Date

- The target implementation date for the Dane County SSI MC Program is still January 1, 2006.
- CLA states that they need to meet with Department staff to discuss a possible delay in implementation, so that adverse selection and other factors may be analyzed. CLA will send a letter next week to the Department outlining the business critical issues that need to be decided before implementation.
- There still will be a ramp up of enrollment with the voluntary approach, based on the MCO's capacity to absorb enrollees into the new program.

III. Update on Contract Revisions

The following notable changes were made to the Medicaid contract after receiving input from CLA, MHCDC and Dane County (See Attached "Proposed Changes for the Dane County SSI MC Medicaid Contract" for further detail.):

Article I—Definitions Section III. E. 5.

- Language was changed to: "For persons with serious mental illness, case management should be provided by and supervised by persons with mental health expertise" (page 2).

- A definition of “serious mental illness” based on Blue Ribbon Commission populations 1 and 2 will be added (page 2).
- Language regarding the care plan on page 26 was removed, as the issue is addressed in the description of the care plan.
- Changed clause about providing care plans to all providers to: “If care plan is not provided to all providers, the case manager must document why” (page 24).
- Language was added regarding care plans considering consumer choice and need (page 24).
- Added language that requires documentation of why covered services were not provided (page 27).
- Added reference to HFS 36.03 (page 8).

Article III—Functions and Duties of the MCO

- Language stating that: “The MCO is encouraged to make referrals when appropriate” was added and “encouraging the MCO to provide peer support and other consumer operated programs” was removed (page 12).
- The information in Addendum II was moved to the body of the contract (page 20).
- Changed language to reflect that the BCAP methodology is optional (page 53).

Article VII. Enrollment and Disenrollment

- Language changed to: “Internal and external advocates will be sent information on involuntary disenrollment at the same time as the Department” (page 99).

IV. Update on Rate Development

A. General Information

- The approach used will be similar to the methodology used for the 2005 rates.
 - The same definitions for enrollable persons will be used.
 - Included services are the same except that pharmacy costs will be excluded for persons covered by both Medicare and Medicaid.
- Preliminary results should be available in Mid-October 2005.
 - PriceWaterhouseCooper has been provided with prior year files and write-ups from Milliman, USA.

- The basic files necessary to calculate rates have been forwarded to PriceWaterhouseCooper.

B. Data for Rates

- Paid claims, eligibility and CDPS data for calendar years 2002, 2003 and 2004 was drawn from the Medicaid data warehouse.
- Rates will be based on information from years 2002, 2003, and 2004.
- Variables will be similar in the files, except that County names, State Category of Service and CCS diagnostic group labels are cross-referenced tables rather than included data file.
- Provider based utilization was not included in the rate setting data. This data will be provided for specific counties as requested.

C. Comments

- When will the pharmacy carve-out be determined for dual eligibles? The Department is considering using the Milliman data trended to 2006 to estimate carve-out.
- CLA states that they may need correspondence from the Department regarding when financials will be available for OCI to review.
- The Milwaukee SSI MC Program actuarial survey is available by request to DHCF staff.

V. **Review of Advisory Committee Issues Log**

- Quality Indicators have been developed by the QA Workgroup for the Dane Co. SSI MC Program. The workgroup is currently editing the descriptive narratives of the monitoring activities that will occur with implementation of the program. The workgroup is also drafting a report summarizing the work and products of the workgroup for the larger advisory committee.
- Language on rate development, risk adjustment and funding for persons receiving community support program (CSP) or targeted case management (TCM) services was added to the Medicaid contract in an addendum.

Informing Materials

- The enrollment booklet is being revised.
- System Notices are being revised.
- A voluntary enrollment cover letter is being drafted.

- The Omsbud brochure has been completed.
- A bi-weekly workgroup is planning the Town Hall Meetings.
- A draft PowerPoint presentation has been created to provide a visual presentation along with the handouts and oral presentation at the meetings. It is being revised and presenters will meet to do a “dry run through” before the first Town Hall Meeting.

Medicaid Contract

- CLA, MHCDC and Dane County made their recommendations for edits to the Medicaid contract for the Dane Program.
 - All recommendations from the Advisory Committee members and the three partners have been given careful consideration.
- BMHCP staff is meeting with EDS and operations on a bi-weekly basis to discuss implementation issues for the Dane program.

OCI Licensure

- A Medicaid rate increase for the Partnership program will occur.
 - Bonds have been purchased by CHASE bank.
 - CLA is looking for possible sources of funding to meeting the cash risk requirement for licensure.
- The Readiness Review has been scheduled for late October of 2005.
 - An external advocate will be hired for the program under an amendment to the Milwaukee contract, or under a separate RFP.

VI. Next Steps and Adjourn

- The next meeting will be scheduled on an as needed basis.